



APPLICATION FOR EMPLOYMENT

Resumes are not accepted in lieu of a completed application.

Name (Last, First, Middle)		Social Security Number	
E-Mail Address		Home Telephone Number (Include Area Code)	
Mailing Address		Alternate Telephone Number (Include Area Code)	
City		State	ZIP Code
Title of Position(s) Applied For		List Location(s) in Missouri Where You Are Available for Employment	
Type of Position for Which You Are Available <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			
Have you ever been convicted of a law violation since age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," please describe.)			
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," please provide company name and details.)			
Have you any objection to this Agency making inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
You will be required to direct deposit your paycheck or receive a paycard in lieu of a paper check. Will you accept this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Failure to file all Missouri state income tax returns and pay all state income taxes owed may result in dismissal from employment. Will you accept this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In support of the U.S. Military Selective Service Act, the state of Missouri requires individuals employed by the state be registered with the Selective Service Administration. If hired and if you are a male, 18-26 years of age, will you meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Do you have any relatives employed by the Department of Labor and Industrial Relations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Department has a policy which does not permit appointing an individual who has fraudulently claimed Unemployment Insurance benefits. Your application will be checked against Agency records regarding this policy.			
SKILLS			
What office equipment can you operate efficiently?			
List software at which you are proficient.			
EDUCATION			
Are you a High School graduate or do you have an equivalency (GED) certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College Attended (Name and Address) COPY OF TRANSCRIPT MUST BE ATTACHED.			
Total College Semester Hours	Major		Degree Earned
CERTIFICATES/LICENSES #: <i>Attach a copy of each certificate/license to practice a profession or occupation, as related to this position.</i>			

(Continue on Reverse)

EMPLOYMENT RECORD

Describe in detail all positions that you have had during the last ten (10) years, starting with most recent employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.

Dates Employed (<i>Month and Year</i>) From: _____ To: _____		Describe Duties of Job _____ _____ _____ _____ _____ _____
Employer _____		
Supervisor (<i>Name and Title</i>) _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

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Employer _____		
Supervisor (<i>Name and Title</i>) _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
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Supervisor (<i>Name and Title</i>) _____		
Employer Address _____		
City, State and Zip _____		
Job Title _____	Monthly Salary _____	
Reason for Leaving _____		

CERTIFICATION: I certify that the information provided herein is true and complete to the best of my knowledge. I understand that deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.

Signature _____	Date _____
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